

Customer Contact:

City of Scottsdale 7447 E Indian School Rd SCOTTSDALE AZ 85251-3922 USA

TAX ID:

Patrick Kosecki pkosecki@scottsdaleaz.gov 480-312-5284

Invoice To:

City of Scottsdale 7447 E Indian School Rd SCOTTSDALE AZ 85251-3922 USA Agilent Technologies Inc. 2850 Centerville Road Wilmington DE 19808-1610

United States

610 Email: Website:

Tel.

Fax:

800 227 9770 Option 3, 1 7648#

1-302-993-5963

soclosurerequest@agilent.com www.agilent.com/chem

SERVICE REPORT

Customer Purchase Order Number:	Customer Number: 70003110		
Service Request:	Service Request Date:		
Service Order: 6001804064	Service Confirmation:		

Delivery Site:

City of Scottsdale 7447 E Indian School Rd SCOTTSDALE AZ 85251-3922 USA

Location:

Room

Bldg

Lab

Dept

Direct Inquiries to:

Contact Name: Customer Contact Center
Contact E-mail: soclosurerequest@agilent.com
Contact Telephone: 800 227 9770 Option 3, 1 7648#
Contact Fax: 1-302-993-5963

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Agilent Technologies Inc 5301 Stevens Creek Blvd Santa Clara CA 95051 United States Federal Tax ID: 77-0518772

Beneficiary Bank: Bank of America SWIFT: B0FAUS3N

Beneficiary Account: 12331-31561

Beneficiary Name: Agilent Technologies Inc

ORIGINAL

Service Confirmation Date: January 24, 2017

Service Instrument:

Model Number	Model Description	Serial Number	System Handle	Parent Asset
G4557A	7697A Headspace Sampler, 111 Vial	CN14160045	SYS-GC-7890-E	SYS-GC-7890-E

Service Items:

Item	Service/Part #	Description	Qty	Entitlement	Service Start	Service End
10	REPAIR	Repair	1.00	Free to	12/09/2016	01/24/2017
				customer, Gratis		
				- Appr. Manager		

Additional Information:

Service Confirmation Number:

Service Confirmation Date: January 24, 2017

Service Information: Problem Description: For FSE to account for time. Service Provided: The customer was experiencing high RSD's. I replaced gas lines in the HS ordered by another FSE and the customer ran samples and reported that RSD's are good now. Onsite date 12/9/16. This service report was generated at a later date as gratis service. Service Overview Code: Reason Code: Chromatography Issue Diagnosis Code: Mechanical Parts Failure Resolution Code: Replaced Parts Onsite **Travel Hours: Reported Hours:** 2.0 1.0 **Customer Field Service Customer Field Service** Date: **Representative Signature: Representative Name:** Craig Jones 1/24/17 **Craig Jones Customer Name: Customer Signature:** Date: **Additional Comments:**